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UNCLAS BRATISLAVA 000229

SIPDIS

E.O. 12958: N/A

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SUBJECT: SLOVAKIA'S HIV/AIDS SITUATION: WELL-POSITIONED FOR THE FUTURE

1. Summary: Although the country's low rate of registered HIV/AIDS cases hampers social awareness, a three-year National Prevention Plan (NPP), improved school programs, and NGO outreach efforts demonstrate Slovakia's dedication to public education in preventative measures and risks associated with the disease. Free anonymous testing centers and governmental focus on advanced medical care are further indications that Slovakia is seriously concerned about HIV/AIDS. However, related issues -- such as the psychological impact on patients and public awareness campaigns to reduce the stigma of the disease -- lack attention and funding. End Summary.

#### INCIDENCE RATE

2. Slovakia boasts one of the lowest HIV/AIDS rates in Europe with only 207 cases registered since 1985 in a population of 5.4 million people. Seventy-six of these were foreigners, the majority of whom returned to their home countries following diagnosis. Statistics for 2004 indicate only 107 Slovaks are currently living with HIV/AIDS. Eighty percent of the infected are men. The main mode of transmission was through homosexual (63.4 percent) and heterosexual (26.0 percent) contact. Many of those affected are sex workers. The remaining 14 cases were connected with intravenous drug use (2 cases), blood transfusion (1 case), and unidentified reasons (8.4 percent). Seven women testing positive were pregnant, and the Slovak medical community is proud that proper and timely care blocked transmission from mother to child in all cases.

3. NGOs estimate that the reported figures are understated due to limited appointment schedules for anonymous testing, inconvenient travel time to testing centers (only three exist in the country), reluctance to seek non-anonymous testing with general practitioners, and failure to account for individuals who seek anonymous testing in Vienna and Budapest. In addition, although laws mandate that the actual test be free of charge, and testing centers abide by this rule, many general practitioners still charge fees for extracting blood, or their office visit fee for performing blood tests. These costs may deter some Slovaks from seeking a blood test.

4. The medical community is concerned that HIV/AIDS rates may increase in the future with the opening of borders to EU countries and the rapid rise in cases among Slovakia's neighbors, especially Ukraine. However, the prevalence of HIV/AIDS has remained steady throughout the past three years with an average registration of ten new HIV cases and three new AIDS cases annually. In 2004, the government only identified nine new HIV cases with no new AIDS cases reported.

#### NPP AND EDUCATIONAL OUTREACH

5. The GOS's NPP for 2004 to 2007 focuses on prevention, testing, and medical care to reduce the potential spread of HIV/AIDS. Funding from governmental agencies supports prevention strategies, including educational programs such as the "Play against AIDS" performed in middle and high schools, distribution of printed pamphlets designed to increase awareness among teenagers and university students, as well as specific strategies for higher risk individuals, including IV drug users and impoverished minority communities.

6. Governmental efforts are further supported by NGO assistance. For example, in 2004, ODYSEUS, an NGO specializing in outreach to sex workers and IV drug users, held several festivals to educate these high risk groups, to provide limited testing, and to distribute clean needles and condoms. The Slovak Red Cross and the Association Against AIDS also combined efforts to provide youth educational prevention programs.

#### TESTING/MEDICAL CARE

7. Slovakia offers anonymous testing at three clinics strategically located in each region of the country (in the cities Bratislava, Kosice, and Banska Bystrica), although these clinics only provide testing at limited hours. For

example, the facility in Bratislava only offers testing from 8:00 a.m. to 10:00 a.m. three days per week. One NGO criticized this system because many workers are unable to access the clinic during those times. In addition, all general practitioners can provide testing, and gynecologists must offer pregnant women free testing. However, in a country consisting of numerous small villages with close-knit family communities, individuals have expressed concerns to NGOs that physicians would pass test result information to family members and friends.

18. Upon diagnosis of HIV/AIDS, medical care costs within Slovakia are covered in full under current insurance plans. According to the Director of the National Program for AIDS Prevention, Dr. Emil Tomasek, the medical facility designated for treatment is modern, medical care incorporates the most recent scientific advancements, and an ample supply of the necessary drugs is available. Tomasek attributed the consistently declining rate of AIDS and resulting deaths since 2000 to this advanced medical care.

#### PUBLIC STIGMA -----

19. Slovakia has not yet addressed public stigma often associated with those who test positive. HIV/AIDS victims are protected from revealing their status, and employers cannot ask whether an individual has tested positive. However, outside the legal arena, the low prevalence rate ensures that the vast majority of Slovaks has never personally met anyone with HIV/AIDS to engender sympathy or understanding. Currently, the media and NPP do not focus on improving attitudes or public opinion regarding HIV/AIDS but center on prevention strategies and medical care. The stigma can be exacerbated by racial biases.

110. NGOs commented that the government, while providing excellent medical care, does not address psychological concerns, stigma against patients, and internal feelings of isolation. Due to the low number of cases, self-help groups, group counseling opportunities, or other common methods for psychological assistance are non-existent. NGOs hope to improve this situation through outreach at HIV/AIDS prevention festivals and promotion of informal group meetings among known diagnosed individuals. NGOs expressed doubts that vital funding from international sources and private organizations to bolster improvements in these areas will be available given the low prevalence levels.  
THAYER

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